

| U.S. Zika Pregnancy Registry and Birth Defects Surveillance — Integrated Maternal Health History FormThese data are c confidential and will be stored in a secure database at the Centers for Disease Control and Prevention. |
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| Please return completed form via SAMS or secure FTP—request access from ZIKApregnancy@cdc.gov  The form can also be sent by encrypted email to this address or by secure fax to 404-718-1013 or 404-718-2200  |
|  |
| MHH.1. State/Territory ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | MHH.2. Maternal Age at Diagnosis: \_\_\_\_\_ | MHH.3. State/Territory reporting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**MHH.4. County reporting:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| MHH.5. Ethnicity: 🞎 Hispanic or Latino 🞎 Not Hispanic or Latino  |
| MHH.6. Race *(check all that apply)*: 🞎 American Indian or Alaskan Native 🞎 Asian 🞎 Black or African-American 🞎 Unknown/Not Specified🞎 Native Hawaiian or other Pacific Islander 🞎 White 🞎 Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| MHH.**7. Indication for maternal Zika virus testing:** 🞎 Exposure history only, no known fetal abnormalities 🞎 Exposure history and fetal abnormalities 🞎 No known exposure (*skip to MHH.37*) |
| **Maternal Zika Virus History** |
| MHH.8. Date of Zika virus symptom onset: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **OR** MHH.9. 🞎 Asymptomatic**MHH.10.** If symptomatic, gestational age at onset: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(weeks, days)**MHH.11.** If gestational age or date not known, trimester of symptom onset \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (1st, 2nd, 3rd)  |
| **MHH.12. Symptoms of mother’s Zika virus disease:** *(check all that apply)*🞎 Fever *(if measured)* \_\_\_\_\_oF or \_\_\_\_\_oC 🞎 Arthralgia 🞎 Conjunctivitis 🞎 Rash🞎 Other clinical presentation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MHH.13. If rash, check all that apply🞎 Maculopapular 🞎 Petechial 🞎 Purpuric 🞎 Pruritic Describe rash distribution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **MHH.**14. Hospitalized for Zika virus disease 🞎 No 🞎 Yes 🞎 Unknown  |
| **MHH.**15. Maternal Death 🞎 No 🞎 Yes 🞎 Unknown MHH.16. If yes, cause of death\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MHH.17. If yes, date of death \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **MHH.18. What was the suspected mode of Zika virus transmission?** 🞎 Human-mosquito-human (vector) 🞎 Sexual 🞎 Other, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Unknown  |
| **MHH.19. Did the woman spend time in any areas outside the US states or US territories where there was active Zika virus transmission during the periconceptional period or during pregnancy?**  (<http://www.cdc.gov/zika/geo/active-countries.html>) 🞎 No 🞎 Yes 🞎 Unknown (*If ‘no’ or ‘unknown’, skip to MHH 26)***MHH.20. *If yes*, please characterize the type of travel:**🞎 Incoming travel (one way travel to US states from an area with active Zika virus transmission)🞎 Incoming travel (one way travel to US territories from an area with active Zika virus transmission)🞎 Outgoing and incoming travel (roundtrip from US states to an area with active Zika virus transmission)🞎 Outgoing and incoming travel (roundtrip from US territories to an area with active Zika virus transmission)  |
| **If incoming or outgoing travel, please list location and dates of travel:**  |
| **MHH.21.** Country of exposure (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **MHH.22.** Start Date \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  🞎 Start date is same as LMP | End Date \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
| **MHH.23.** Country of exposure (2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **MHH.24.** Start Date \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 🞎 Start date is same as LMP | End Date \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
| **MHH.25.** Country of exposure (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **MHH.26.** Start Date \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 🞎 Start date is same as LMP | End Date \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
| **MHH.27.** **Was the** **Zika virus** **exposure within the 50 states, DC, or territories?** 🞎 No 🞎 Yes 🞎 Unknown  |
| ***If yes,* separately list each state or territory where Zika virus exposure occurred, and dates of possible exposure:** |
| **MHH.28*.* State or territory 1** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **MHH.29.**Start Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 🞎 Start date is same as LMP | End Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_🞎 Still at location  |
| **MHH.30*.* State or territory 2** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **MHH.31.**Start Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 🞎 Start date is same as LMP | End Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_🞎 Still at location  |
| **MHH.32*.* State or territory 3** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **MHH.33.**Start Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 🞎 Start date is same as LMP | End Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_🞎 Still at location  |
| **MHH.34.** **If suspected mode of transmission is sexual, was the pregnant woman’s sexual partner(s):**🞎 Male 🞎 Female *Please check all that apply*  |
| **MHH.35. Did any sexual partner(s) have an illness that included fever, rash, joint pain, or pink eye during or within 2 weeks of spending any time in an area with active Zika virus transmission?**  🞎 No 🞎 Yes 🞎 Unknown |
| **MHH.36.If yes, was there unprotected sexual contact while partner(s) had this illness?** 🞎 No 🞎 Yes 🞎 Unknown |
| **MHH.37. Did partner have a test that demonstrated laboratory evidence of Zika virus infection?**  🞎 No 🞎 Yes 🞎 Unknown |
| **Maternal Health History *(Underlying maternal illness)*** |
| **MHH.38. Diabetes** 🞎 No 🞎 Yes 🞎 Unknown **MHH.39.** **Maternal Phenylketonuria (PKU)** 🞎 No 🞎 Yes 🞎 Unknown **MHH.40.** **Hypothyroidism**  🞎 No 🞎 Yes 🞎 Unknown **MHH.41.** **High Blood Pressure or Hypertension** 🞎 No 🞎 Yes 🞎 Unknown MHH.42. Other underlying illness(es): 🞎 No 🞎 Yes 🞎 Unknown MHH.43. If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Pregnancy Information** |
| **MHH.44. Last menstrual period (LMP):** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | **MHH.45. Estimated delivery date (EDD):** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |
| **MHH.46. Estimated delivery date based on** (*check all that apply*):🞎 LMP 🞎 1st trimester ultrasound 🞎 2nd trimester ultrasound 🞎 3rd trimester ultrasound🞎 Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **OB History:**  | **MHH.47.** # pregnancies (including current pregnancy) \_\_\_\_\_ **MHH.49**. # miscarriages \_\_\_\_\_  | **MHH.48.** # living children \_\_\_\_\_ **MHH.50**. # elective terminations \_\_\_\_\_ |
| MHH.51. Prior fetus/infant with microcephaly: 🞎 No 🞎 Yes 🞎 Unknown MHH.52. If yes, cause genetic?: 🞎 No 🞎 Yes 🞎 Unknown  |
| **MHH.53. Gestation:** 🞎 Single🞎 Twins 🞎 Triplets+ |
| **Substance use during this pregnancy:**  | **MHH.54.** Alcohol use: **MHH.55.**Cocaine use:**MHH.56.** Smoking:  | 🞎 No 🞎 Yes **🞎** Unknown🞎 No 🞎 Yes **🞎** Unknown 🞎 No 🞎 Yes **🞎** Unknown  |
| **Complications during current pregnancy** |
| **MHH.57.** | Toxoplasmosis infection:  | 🞎 No 🞎 Yes 🞎 Unknown  |
| **MHH.58.** | Cytomegalovirus infection:  | 🞎 No 🞎 Yes 🞎 Unknown  |
| **MHH.59.** | Herpes Simplex infection: | 🞎 No 🞎 Yes 🞎 Unknown |
| **MHH.60.** | Rubella infection:  | 🞎 No 🞎 Yes 🞎 Unknown |
| **MHH.61.** | Lymphocytic choriomeningitis virus infection: | 🞎 No 🞎 Yes 🞎 Unknown |
| **MHH.62.** | Syphilis infection:  | 🞎 No 🞎 Yes 🞎 Unknown |
| MHH.63. If yes for infection testing during current pregnancy, please describe results: |
| **MHH.64.** | Fetal genetic abnormality: | 🞎 No 🞎 Yes, describe \_\_\_\_\_\_\_\_\_\_ 🞎Unknown |
| **MHH.65.** | Gestational diabetes: | 🞎 No 🞎 Yes 🞎Unknown |
| **MHH.66.** | Pregnancy-related hypertension: | 🞎 No 🞎 Yes 🞎Unknown |
| **MHH.67.** | Intrauterine death of a twin: | 🞎 No 🞎 Yes 🞎Unknown |
| **MHH.68.** | Other: 🞎 No 🞎 Yes 🞎Unknown**MHH.67.** If yes, please *s*pecify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| **MHH.69. Medications during pregnancy:** 🞎 No 🞎 Yes **🞎** Unknown **MHH.70.** If yes, specify (*please specify type and see guide for further instructions):*  |
| **Pregnancy Losses:**  *Please also complete pertinent sections of neonatal assessment form* |
| MHH.71. Did this pregnancy end in miscarriage **(<20 weeks of gestation)?**  🞎 No 🞎 Yes🞎UnknownMHH.72. Date: *\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_* ORgestational age*\_\_\_\_\_\_\_* weeksMHH.73. Please describe any abnormalities noted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| MHH.74. Did this pregnancy end in **stillbirth (intrauterine fetal demise) (≥20 weeks of gestation)?**  🞎 No 🞎 Yes🞎UnknownMHH.75.Date: *\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  ORgestational age*\_\_\_\_\_\_\_* weeksMHH.76. Please describe any abnormalities noted\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| MHH.77. Was this pregnancy terminated?  🞎 No 🞎 Yes 🞎Unknown MHH.78. Date: *\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  OR gestational age *\_\_\_\_\_\_* weeksMHH.79. Please describe any abnormalities noted\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Maternal Prenatal Imaging and Diagnostics** |
| **MHH.80. Date(s) of ultrasound(s):***\_\_\_/\_\_\_/\_\_\_*🞎 **MHH.81.** *Check if date approximated* **MHH.82***. If date not known,* Gestational age *\_\_\_\_\_\_\_\_\_\_\_\_* (weeks, days) | **MHH.83. Overall fetal ultrasound results:** 🞎 Normal 🞎 Abnormal |
| **MHH.84.** 🞎 Reported by patient/healthcare provider 🞎 Ultrasound report |
| **MHH.85.** Head circumference (HC) \_\_\_\_\_\_\_cm **MHH.86.** 🞎 Normal 🞎 Abnormal (*by physician report*)  |
| **MHH.87.** Biparietal diameter (BPD) \_\_\_\_\_\_cm **MHH.88.** Femur length (FL) \_\_\_\_\_cm **MHH.89.** Abdominal circumference (AC) \_\_\_\_\_cm  |
| **MHH.90.** 🞎 Symmetric intrauterine growth restriction (IUGR)  🞎 Asymmetric IUGR (HC>AC or HC>FL) |
| **MHH.91.** Microcephaly | 🞎 No 🞎 Yes | **MHH.92.** Intracranial calcifications | 🞎 No 🞎 Yes  |
| **MHH.93.** Cerebral /cortical atrophy | 🞎 No 🞎 Yes  | **MHH.94.** Abnormal cortical gyral patterns (e.g., polymicrogyria, lissencephaly, pachygyria, schizencephaly, gray matter heterotopia) | 🞎 No 🞎 Yes  |
| **MHH.95.** Corpus callosum abnormalities  | 🞎 No 🞎 Yes | **MHH.96.** Cerebellar abnormalities  | 🞎 No 🞎 Yes  |
| **MHH.97.** Porencephaly  | 🞎 No 🞎 Yes | **MHH.98.** Hydranencephaly  | 🞎 No 🞎 Yes |
| **MHH.99.** Moderate or severe **v**entriculomegaly /hydrocephaly  | 🞎 No 🞎 Yes | **MHH.100.** Fetal brain disruption sequence (collapsed skull, overlapping sutures, prominent occipital bone, scalp rugae) | 🞎 No 🞎 Yes |
| **MHH.101.** Other major brain abnormalities  | 🞎 No 🞎 Yes | **MHH.102.** Anencephaly / acrania | 🞎 No 🞎 Yes |
| **MHH.103.** Encephalocele  | 🞎 No 🞎 Yes | **MHH.104.** Spina bifida | 🞎 No 🞎 Yes |
| **MHH.105.** Holoprosencephaly /arhinencephaly | 🞎 No 🞎 Yes | **MHH.106.** Structural eye abnormalities / dysplasia | 🞎 No 🞎 Yes |
| **MHH.107.** Arthrogryposis | 🞎 No 🞎 Yes | **MHH.108.** Clubfoot | 🞎 No 🞎 Yes |
| **MHH.109.** Hydrops | 🞎 No 🞎 Yes | **MHH.110.** Ascites  | 🞎 No 🞎 Yes |
| **MHH.111.** Other | 🞎 No 🞎 Yes If yes, describe: |
| **MHH.112. Description of abnormal ultrasound findings:** |
| **MHH.113. Date(s) of Ultrasound(s):***\_\_\_\_/\_\_\_\_/\_\_\_\_*🞎 **MHH.114.** *check* *if date approximated***MHH.115.***if date not known,* gestational age *\_\_\_\_\_\_\_\_\_\_\_\_ (weeks, days)* | **MHH.116. Overall fetal ultrasound results:** 🞎 Normal 🞎 Abnormal  |
| **MHH.117.** 🞎 Reported by patient/healthcare provider  🞎 Ultrasound report |
| **MHH.118.** Head circumference (HC) \_\_\_\_\_\_\_cm **MHH.119.** 🞎 Normal 🞎 Abnormal (*by physician report*)  |
| **MHH.120.** Biparietal diameter (BPD) \_\_\_\_\_\_cm **MHH.121.** Femur length (FL) \_\_\_\_\_cm **MHH.122.** Abdominal circumference (AC) \_\_\_\_\_cm |
| **MHH.123.** 🞎 Symmetric IUGR 🞎 Asymmetric IUGR (HC>AC or HC>FL) |
| **MHH.124.** Microcephaly | 🞎 No 🞎 Yes | **MHH.125.** Intracranial calcifications | 🞎 No 🞎 Yes  |
| **MHH.126.** Cerebral / cortical atrophy | 🞎 No 🞎 Yes  | **MHH.127.** Abnormal cortical gyral patterns (e.g., polymicrogyria, lissencephaly, pachygyria, schizencephaly, gray matter heterotopia) | 🞎 No 🞎 Yes  |
| **MHH.128.** Corpus callosum abnormalities  | 🞎 No 🞎 Yes | **MHH.129.** Cerebellar abnormalities  | 🞎 No 🞎 Yes  |
| **MHH.130.** Porencephaly  | 🞎 No 🞎 Yes | **MHH.131.** Hydranencephaly  | 🞎 No 🞎 Yes |
| **MHH.132.** Moderate or severeventriculomegaly /hydrocephaly  | 🞎 No 🞎 Yes | **MHH.133.** Fetal brain disruption sequence (collapsed skull, overlapping sutures, prominent occipital bone, scalp rugae) | 🞎 No 🞎 Yes |
| **MHH.134.** Other major brain abnormalities  | 🞎 No 🞎 Yes | **MHH.135.** Anencephaly / acrania | 🞎 No 🞎 Yes |
| **MHH.136.** Encephalocele  | 🞎 No 🞎 Yes | **MHH.137.** Spina bifida | 🞎 No 🞎 Yes |
| **MHH.138.** Holoprosencephaly /arhinencephaly | 🞎 No 🞎 Yes | **MHH.139.** Structural eye abnormalities / dysplasia | 🞎 No 🞎 Yes |
| **MHH.140.** Arthrogryposis | 🞎 No 🞎 Yes | **MHH.141.** Clubfoot | 🞎 No 🞎 Yes |
| **MHH.142.** Hydrops | 🞎 No 🞎 Yes | **MHH.143.** Ascites  | 🞎 No 🞎 Yes |
| **MHH.144.** Other | 🞎 No 🞎 Yes If yes, describe: |
| **MHH.145. Description of abnormal ultrasound findings:** |
| **MHH.146. Date(s) of Ultrasound(s):***\_\_\_\_/\_\_\_\_/\_\_\_\_*🞎 **MHH.147.** *check if date approximated* **MHH.148.** *if date not known,* gestational age *\_\_\_\_\_\_\_\_\_\_\_\_ (weeks, days)* | **MHH.149. Overall fetal ultrasound results:** 🞎 Normal 🞎 Abnormal  |
| **MHH.150.** 🞎 Reported by patient/healthcare provider 🞎 Ultrasound report |
| **MHH.151.** Head circumference (HC)\_\_\_\_\_\_\_cm **MHH.152.** 🞎 Normal 🞎 Abnormal (*by physician report*)  |
| **MHH.153.** Biparietal diameter (BPD) \_\_\_\_\_\_cm **MHH.154.** Femur length (FL) \_\_\_\_\_cm **MHH.155.**Abdominal circumference (AC) \_\_\_\_\_cm  |
| **MHH.156.** 🞎 Symmetric IUGR 🞎 Asymmetric IUGR (HC>AC or HC>FL) |
| **MHH.157.** Microcephaly | 🞎 No 🞎 Yes | **MHH.158.** Intracranial calcifications | 🞎 No 🞎 Yes  |
| **MHH.159.** Cerebral / cortical atrophy | 🞎 No 🞎 Yes  | **MHH.160.** Abnormal cortical gyral patterns (e.g., polymicrogyria, lissencephaly, pachygyria, schizencephaly, gray matter heterotopia) | 🞎 No 🞎 Yes  |
| **MHH.161.** Corpus callosum abnormalities  | 🞎 No 🞎 Yes | **MHH.162.** Cerebellar abnormalities  | 🞎 No 🞎 Yes  |
| **MHH.163.** Porencephaly  | 🞎 No 🞎 Yes | **MHH.164.** Hydranencephaly  | 🞎 No 🞎 Yes |
| **MHH.165.** Moderate or severeventriculomegaly /hydrocephaly  | 🞎 No 🞎 Yes | **MHH.166.** Fetal brain disruption sequence (collapsed skull, overlapping sutures, prominent occipital bone, scalp rugae) | 🞎 No 🞎 Yes |
| **MHH.167.** Other major brain abnormalities  | 🞎 No 🞎 Yes | **MHH.168.** Anencephaly / Acrania | 🞎 No 🞎 Yes |
| **MHH.169.** Encephalocele  | 🞎 No 🞎 Yes | **MHH.170.** Spina bifida | 🞎 No 🞎 Yes |
| **MHH.171.** Holoprosencephaly /arhinencephaly | 🞎 No 🞎 Yes | **MHH.172.** Structural eye abnormalities / dysplasia | 🞎 No 🞎 Yes |
| **MHH.173.** Arthrogryposis | 🞎 No 🞎 Yes | **MHH.174.** Clubfoot | 🞎 No 🞎 Yes |
| **MHH.175.** Hydrops | 🞎 No 🞎 Yes | **MHH.176.** Ascites  | 🞎 No 🞎 Yes |
|  | **MHH.177.** Other | 🞎 No 🞎 Yes If yes, describe: |
| **MHH.178. Description of abnormal ultrasound findings:** |
| **\*\*For additional ultrasounds or MRIs, please request a supplementary imaging form\*\*** |
| **MHH.179. Fetal MRI performed:**  🞎 No 🞎 Yes (If yes, please answer questions below) |
| **MHH.180. Date(s) of MRI(s):***\_\_\_/\_\_\_/\_\_\_*🞎 **MHH.181.** *check if date is approximated*  | **MHH.183. Overall fetal MRI results:** 🞎 Normal 🞎 Abnormal |
| **MHH.184.** 🞎 Reported by patient/healthcare provider🞎 MRI report |
| **MHH.185.** Head circumference (HC) \_\_\_cm **MHH.186.** 🞎 Normal 🞎 Abnormal (*by physician report*) |
| **MHH.187.** Biparietal diameter (BPD) \_\_\_\_\_cm **MHH.188.** Femur length (FL) \_\_\_\_\_cm **MHH.189.** Abdominal circumference (AC) \_\_\_\_\_cm  |
| **MHH.190.** 🞎 Symmetric IUGR 🞎 Asymmetric IUGR (HC>AC or HC>FL) |
| **MHH.182.** *if date not known,* gestational age *\_\_\_\_\_\_\_\_\_\_\_\_ (weeks, days)* | **MHH.191.** Microcephaly | 🞎 No 🞎 Yes | **MHH.192.** Intracranial calcifications | 🞎 No 🞎 Yes  |
| **MHH.193.** Cerebral / cortical atrophy | 🞎 No 🞎 Yes  | **MHH.194.** Abnormal cortical gyral patterns (e.g., polymicrogyria, lissencephaly, pachygyria, schizencephaly, gray matter heterotopia) | 🞎 No 🞎 Yes  |
| **MHH.195.** Corpus callosum abnormalities  | 🞎 No 🞎 Yes | **MHH.196.** Cerebellar abnormalities  | 🞎 No 🞎 Yes  |
| **MHH.197.** Porencephaly  | 🞎 No 🞎 Yes | **MHH.198.** Hydranencephaly  | 🞎 No 🞎 Yes |
| **MHH.199.** Moderate or severeventriculomegaly /hydrocephaly  | 🞎 No 🞎 Yes | **MHH.200.** Fetal brain disruption sequence (collapsed skull, overlapping sutures, prominent occipital bone, scalp rugae) | 🞎 No 🞎 Yes |
| **MHH.201.** Other major brain abnormalities  | 🞎 No 🞎 Yes | **MHH.202.** Anencephaly / acrania | 🞎 No 🞎 Yes |
| **MHH.203.** Encephalocele  | 🞎 No 🞎 Yes | **MHH.204.** Spina bifida | 🞎 No 🞎 Yes |
| **MHH.205.** Holoprosencephaly /arhinencephaly | 🞎 No 🞎 Yes | **MHH.206.** Structural eye abnormalities / dysplasia | 🞎 No 🞎 Yes |
| **MHH.207.** Arthrogryposis | 🞎 No 🞎 Yes | **MHH.208.** Clubfoot | 🞎 No 🞎 Yes |
| **MHH.209.** Hydrops | 🞎 No 🞎 Yes | **MHH.210.** Ascites  | 🞎 No 🞎 Yes |
|  | **MHH.211.** Other | 🞎 No 🞎 Yes If yes, describe: |
| **MHH.212. Description of abnormal MRI findings:** |
| **MHH.213. Amniocentesis performed:**  🞎 No 🞎 Yes *If Zika virus testing performed on amniotic fluid, please enter in Laboratory Results Form.* *If cytogenetic testing performed on amniotic fluid, please enter below.* |
| **Prenatal (Fetal) Cytogenetic Testing** |
| **MHH.214.**  **Prenatal (fetal) cytogenetic testing performed:** 🞎 No 🞎 Yes (If yes, please answer questions below) |
| **MHH.215. Cytogenetic Tests**🞎 Karyotype 🞎 FISH 🞎 CGH microarray🞎 Cell-free DNA🞎 Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **MHH.216. Date of test:**  \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**MHH.217. Gestational Age: \_\_\_\_\_\_\_\_\_\_ (weeks, days) or** **Trimester:** 🞎1st 🞎2nd 🞎3rd  | **MHH.218. Specimen type:**🞎 Amniocentesis 🞎 Chorionic Villus Sampling (CVS) 🞎 Maternal Serum🞎 Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **MHH.219. Test Result**🞎 Normal 🞎 Abnormal 🞎 Unknown |
| **MHH.220. Description of abnormal cytogenetic testing findings:** |
| **Prenatal (Fetal) Cytogenetic Testing** |
| **MHH.221.**  **Prenatal (fetal) cytogenetic testing performed:** 🞎 No 🞎 Yes (If yes, please answer questions below) |
| **MHH.222. Cytogenetic Tests**🞎 Karyotype 🞎 FISH 🞎 CGH microarray🞎 Cell-free DNA🞎 Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **MHH.223. Date of test**  \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**MHH.224. Gestational Age: \_\_\_\_\_\_\_\_\_\_ (weeks, days) or** **Trimester:** 🞎1st 🞎2nd 🞎3rd  | **MHH.225. Specimen type:**🞎 Amniocentesis 🞎 Chorionic Villus Sampling (CVS) 🞎 Maternal Serum🞎 Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **MHH.226. Test Result**🞎 Normal 🞎 Abnormal 🞎 Unknown |
| **MHH.227. Description of abnormal cytogenetic testing findings:** |
|  |
| Health Department Information |
| MHH.228. Name of person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MHH.229. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MHH.230. Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MHH.231.** **Date form completed** \_*\_\_\_/\_\_\_\_/\_\_\_\_*  |
| **Internal use only** |
| ***Date entered****\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_****Data Entry POC Initials:*** *\_\_\_\_*\_\_\_ | ***Data Entry Notes*:** |
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